Department Revenue Servicy 2011 Department of Labor Encycles Elevation This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Add of 1974 (ERISA), and sections 605(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. - Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. - Complete all entries in accordance with the instructions to the Form 5500-SF. B This return/report is: In the first return/report and ending 12/31/2011 B This form S558 automatic extension DFVC program gecial extension (enter description) DFVC program - Special extension (enter description) I/O CONCEPTS SOFTWARE CORPORATION 401(K) PLAN 1b Three-digit pin number (PN) - Other 01/01/2008 22a Plan sponsor's name and address; include room or suite number (empl		R			eturn/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089		
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j Transfers to (from) the plan (see instructions)	i	()(,					95239		
	j	Transfers to (from) the plan (se	ee instructions)	. 8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions					
10	Duri	ng the plan year:		Yes	No	A	mount
а		Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			х		
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)			х		
С	Wa	s the plan covered by a fidelity bond?	10c	Х			25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х		
e	insu	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)		x			2091
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes X No
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiverMonth Day Year						
-	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year						
C							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					No N/A	
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			XY	/es No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/04/2012	ROBB WARWICK			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	10/04/2012	ROBB WARWICK			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			